STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965234	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood Gardens Inc.	643 Ne Lagoon Lane Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services Monitoring survey was conducted on at Rosewood Gardens Inc. The facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled employees had documentation of freedom of on an annual basis (Staff B) .

Findings include:
A review of the personnel folder of the Staff B was conducted with the Administrator on starting at 10:00 AM. She was asked to provide the surveyor with evidence that a test had been conducted within the past year for the employee. The Administrator stated that she had used the nurse for the past 9 years and had never obtained this information. The Administrator stated that she thought that this was done by the Board of Nursing and not her responsibility. She stated she had no further documentation available for review.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to ensure that at least one person was present in the facility that had current certification in for 2 out of 2 sampled employees (Employee A and B)

Findings include:

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A review of the personnel file for Employee A and B was conducted with the Administrator on [redacted] starting at 10:00 AM. She was asked to provide evidence of the most recent [redacted] certification for Employee A and B. The Administrator confirmed that Employee A last certified [redacted] was in 2011 and that it expired on [redacted]. She confirmed that she was not in compliance as her [redacted] certification was outdated. The Administrator stated that she has never obtained documentation to verify that Employee B had [redacted] training. She stated that she assumed she had this certification as she was a nurse. She also confirmed that both employees have worked in the facility alone at times and/or provided care to residents at the facility. She stated she had no further documentation available for review.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a clean and sanitary living environment.

Findings include:

The Surveyor arrived at the facility on [redacted] at 8:05 AM and informed the staff the reason for the visit. The surveyor requested that the Administrator be notified of the surveyor's arrival. An initial tour of the facility was conducted starting at 8:10 AM which revealed the following:

- Front door open with many insects going in and out of the building.
- Walls ,door frames and light switch plates were visibly soiled in the entry way, living [redacted] kitchen, [redacted] and hallways.
- Tile floor and baseboards visibly soiled throughout the facility.
- The carpet in the residents' [redacted] was dirty with multiple stains.
- Two visibly soiled chairs in the living [redacted].
- Visibly soiled exterior of microwave and kitchen counters.
- Kitchen table with a dried brown substance on the top of the table and the floor. White powder

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like substance on one of the kitchen chairs.

- One of the six kitchen chairs had a broken leg
- A hole in the wall behind the resident
- No soak in the resident . Sink faucets heavily corroded, broken sink drain pull handle, 2 screws with rust like material by the faucets.
- Cardboard boxes under the kitchen table with food packages.
- 5 chairs on the screened in patio with broken legs. No safe seating for residents on the patio.

The Administrator arrived at approximately 9:00 AM . The surveyor escorted the Administrator through the house and she confirmed that the facility was not in a clean and sanitary condition and that the furniture was soiled and the broken chairs.

Resident # 1 was interviewed on at approximately 9:35 AM. She was asked who cleans the and facility. She stated that the owner has somebody come to clean the . However, she and her (Resident #2), often clean the . She confirmed that the walls, floors, furniture and were not in a clean and sanitary condition.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Rosewood Gardens Inc.
643 NE Lagoon Lane
Port Saint Lucie, FL 34983

RE: Limited Nursing Service (LNS) Monitoring visit

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) monitoring survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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